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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
59396	BEACON DISTRIBUTORS, INC.

3. Principal Office Address	City	State	Zip
2611 Bronco Highway	Burrillville	RI	02830

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
424130	distribution of janitorial, food service and industrial supplies
5 State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Xiaojuan L. Champagne	12 Taber Hill Road	North Smithfield	RI	02896

Vice-President Name	Street Address	City	State	Zip
David G. Champagne	12 Taber Hill Road	North Smithfield	RI	02896

Secretary Name	Street Address	City	State	Zip
David G. Champagne	12 Taber Hill Road	North Smithfield	RI	02896

Treasurer Name	Street Address	City	State	Zip
Xiaojuan L. Champagne	12 Taber Hill Road	North Smithfield	RI	02896

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par value

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Xiaojuan L. Champagne, President	2/23/18

Signature of Authorized Representative

FILED
MAR 01 2018
BY 10937 QS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017